



# Benefits for Living Well

**2021 Benefits Summary**





## What's Inside

# Welcome to Your USD Benefits.

At the University of San Diego, our goal is to prepare leaders who are dedicated to ethical conduct and compassionate service. In these uncertain times, we are especially grateful for your commitment to our mission, to our students, and to our “Toreros Together” spirit. We know that a comprehensive benefits package is more important than ever, so we are pleased to provide a program that focuses on overall wellness in all areas of life.

We offer tools for your physical, mental, and financial well-being, as well as resources that provide support and guidance to help you navigate the current challenges of daily life. Because everyone’s needs are different, we give you options, allowing you to choose the benefits that are right for you and your family.

We encourage you to review this guide and choose your plans carefully. If you have questions, our Benefits team is ready to help at [usdbenefits@san Diego.edu](mailto:usdbenefits@san Diego.edu), or you can contact the individual carriers listed on the Benefits Contacts page.



 **THIS GUIDE  
IS CLICKABLE**

**This guide is designed to give you quick access to your benefits information:**

- Click on the top menu to go directly to a chapter within this guide.
- Within each chapter, click on a page on the left-hand panel to go directly to that page.
- Use the buttons on the bottom corners to move one page forward or backwards.

## Benefits Eligibility

Eligible employees include:

- Full-time regular employees
- Full-time regular faculty
- Employees who are not full time and/or who are not in regular positions may be eligible for certain benefits according to the Affordable Care Act, the rules governing USD's defined contribution retirement plan, and other USD policies (contact the Benefits team for details).

You may enroll your eligible dependents in many of the same plans you choose for yourself.

**Proof of dependent status (like marriage or birth certificates) may be required to enroll.**

Eligible dependents include:

- Your legal spouse or registered domestic partner<sup>1</sup> (opposite sex or same sex)
- Your children up to age 26
- Your mentally or physically disabled dependent children of any age (contact the Benefits team for details)

<sup>1</sup>If you enroll your legally registered domestic partner in your benefit plans, the portion of the premium USD pays for your domestic partner's coverage is considered taxable by the IRS and will be added to your paychecks as taxable income. Your domestic partner's portion of your employee premium will also be deducted from your paychecks on a post-tax basis. Contact the Benefits team for details.

## Enrolling & Making Changes

**You have three opportunities to enroll in or make changes to your benefits:**

1. Within 31 days of your initial eligibility date
2. During the annual Open Enrollment period (held in the fall)
3. Within 31 days of a qualifying life event

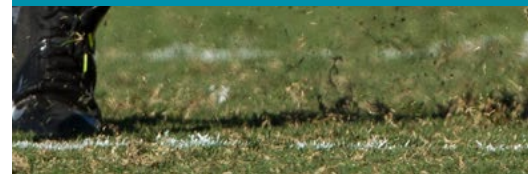
**Examples of a qualifying life event can include:**

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Gain or loss of other health coverage
- Change in employment status
- Change in Medicaid/Medicare eligibility
- Receipt of a Qualified Medical Child Support Order



### Reminder

Any updates you make to your benefits must be consistent with your qualifying life event. For example, if you have a baby, you can enroll your new dependent, but you cannot change your medical plan election.



# How to Enroll

## 1. Evaluate Your Needs

When preparing to enroll in benefits, start by considering the following questions:

- **Who should I cover?** If you had any family changes or if you want to add or remove eligible dependents from certain benefits, now is the time to do so. **Remember:** The annual Open Enrollment period is your once-a-year chance to make changes to your benefits without experiencing a qualifying life event!
- **How much did I spend on health care last year?** Understanding your yearly expenses goes a long way in ensuring you choose the right plans for your health care needs.
- **Have my needs changed?** It's important to review the different benefit options rather than automatically staying with the same choices each year, even if you end up keeping the same plans.

## 2. Review Your Options

Use this guide to understand your benefit options and costs.

## 3. Enroll Online

Visit the Oracle home page at [usdebsprod.sandiego.edu](https://usdebsprod.sandiego.edu) and enter your Oracle username and password to get started.

## 4. Confirm Your Elections

Once you've enrolled, review your confirmation statement carefully to make sure your benefit choices and dependent information are correct.

## When Coverage Begins

Benefits you elect when you are first eligible will become effective on your date of eligibility. Elections made during the annual Open Enrollment period will be effective January 1 through December 31.



# Your 2021 Cost for Coverage

## Monthly Medical Premiums

Medical Plan Option	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Annual salary under \$52,000				
<b>Cigna CDHP with HSA</b>	\$42.73	\$277.12	\$238.96	\$402.03
<b>Cigna HMO</b>	\$42.73	\$277.12	\$238.96	\$402.03
<b>Kaiser HMO</b>	\$42.73	\$277.12	\$238.96	\$402.03
<b>SIMNSA HMO</b>	\$0	\$0	\$0	\$0
Annual salary between \$52,001 - \$92,500				
<b>Cigna CDHP with HSA</b>	\$91.62	\$408.43	\$355.58	\$569.27
<b>Cigna HMO</b>	\$91.62	\$408.43	\$355.58	\$569.27
<b>Kaiser HMO</b>	\$91.62	\$408.43	\$355.58	\$569.27
<b>SIMNSA HMO</b>	\$0	\$0	\$0	\$0
Annual salary between \$92,501 - \$135,000				
<b>Cigna CDHP with HSA</b>	\$176.56	\$536.89	\$469.69	\$685.16
<b>Cigna HMO</b>	\$176.56	\$536.89	\$469.69	\$685.16
<b>Kaiser HMO</b>	\$176.56	\$536.89	\$469.69	\$685.16
<b>SIMNSA HMO</b>	\$0	\$0	\$0	\$0
Annual salary of \$135,001 or more				
<b>Cigna CDHP with HSA</b>	\$257.62	\$656.56	\$577.18	\$837.88
<b>Cigna HMO</b>	\$257.62	\$656.56	\$577.18	\$837.88
<b>Kaiser HMO</b>	\$257.62	\$656.56	\$577.18	\$837.88
<b>SIMNSA HMO</b>	\$0	\$0	\$0	\$0





### Monthly Dental Premiums

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Cigna PPO High	\$31.55	\$65.55	\$58.99	\$123.99
Cigna PPO Low	\$20.68	\$43.50	\$39.15	\$87.96
Cigna HMO	\$5.78	\$8.81	\$12.27	\$19.07
SIMNSA HMO	\$0	\$0	\$0	\$0

### Monthly Vision Premiums

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
VSP	\$11.68	\$17.16	\$19.34	\$30.92

# Understanding Your Medical Plan Options

USD offers several medical plan options that are designed to provide quality care for you and your family:

- Cigna HMO (CA only)
- Kaiser Permanente HMO (CA only)
- SIMNSA HMO (services in Mexico; must be a Mexican National to enroll)
- Cigna CDHP with Health Savings Account (HSA)

Before you choose your medical plan, it's important to understand the differences between Health Maintenance Organizations (HMOs) and Consumer Driven Health Plans (CDHPs).

What is unique about an HMO?	What is unique about the CDHP?
<ul style="list-style-type: none"><li>▪ No annual deductible</li><li>▪ Most services are copay-based (you pay a flat fee for services)</li><li>▪ You must select a Primary Care Physician (PCP), who coordinates all of your care</li><li>▪ No out-of-network coverage</li><li>▪ Referrals needed for specialist care</li><li>▪ Not HSA eligible</li><li>▪ Eligible for the Health Care FSA</li></ul>	<ul style="list-style-type: none"><li>▪ Annual deductible required for non-preventive care; you pay the full cost of services until you reach the deductible</li><li>▪ Services are coinsurance-based; you pay a percentage of the cost after you reach the deductible, until you reach the out-of-pocket maximum</li><li>▪ Primary care physician recommended but not required</li><li>▪ Includes out-of-network coverage (although it often costs more than visiting in-network providers)</li><li>▪ Referrals often not needed for specialist care</li><li>▪ HSA eligible</li><li>▪ Eligible for the Limited Purpose FSA</li></ul>

## Out-of-Area Dependents?

If you plan to cover a dependent who lives out of the area, you may want to consider the Cigna CDHP with HSA plan. USD's HMO medical plans include coverage for Southern California residents only, so any non-emergency services will not be covered outside of the region.





# Medical Plan Comparison – HMO

Plan Features	Cigna HMO <sup>1</sup>	Kaiser Permanente HMO <sup>1</sup>	SIMNSA HMO <sup>2</sup>
	You pay:	You pay:	You pay:
<b>Annual Deductible</b>	None	None	None
<b>Annual Out-of-Pocket Maximum</b>	\$1,500/individual \$3,000/family	\$1,500/individual \$3,000/family	\$6,350/individual \$12,700/family
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>	No charge	No charge	No charge
<b>PCP Office Visit</b>	\$20 copay	\$20 copay	\$7 copay
<b>Telemedicine Visit</b>	\$20 copay	No charge	\$7 copay
<b>Specialist Office Visit</b>	\$30 copay	\$30 copay	\$7 copay
<b>Diagnostic Lab &amp; X Ray</b>	No charge	No charge	No charge
<b>Complex Imaging</b> (CT/PET Scans, MRI)	\$100 copay per type of scan/day	No charge	No charge (preauthorization is required for certain services)
<b>Urgent Care</b>	\$25 copay	\$20 copay	In-network: \$25 copay Outside Mexico: \$50 copay
<b>Emergency Room</b> (copay waived if admitted)	\$150 copay per visit	\$150 copay per visit	In-network and Mexico: \$25 copay per visit Outside Mexico: \$250 copay per visit
<b>Inpatient Hospital Services</b>	\$250 copay per admission	\$250 copay per admission	No charge
<b>Outpatient Mental Health Services</b>	\$20 copay	Individual: \$20 copay Group: \$10 copay	\$7 copay
<b>Inpatient Mental Health Services</b>	\$250 copay per admission	\$250 copay per admission	No charge
<b>Chiropractic</b>	\$20 copay (Unlimited visits)	\$15 copay (Up to 30 visits/year)	Not covered
<b>Child Eye Exams</b> (Contact lens exams not covered)	Not covered	No charge	\$7 copay

<sup>1</sup>Available to employees in California only.

<sup>2</sup>Services in Mexico only. You must be a Mexican National in order to enroll in this plan, which means 1. A person born in Mexico; 2. A person born in another country with a Mexican mother, father, or both; 3. A person who marries someone from Mexico and lives in Mexico; or 4. A foreigner who becomes naturalized in Mexico. Contact the Benefits team for more details.

# Medical Plan Comparison – CDHP with HSA

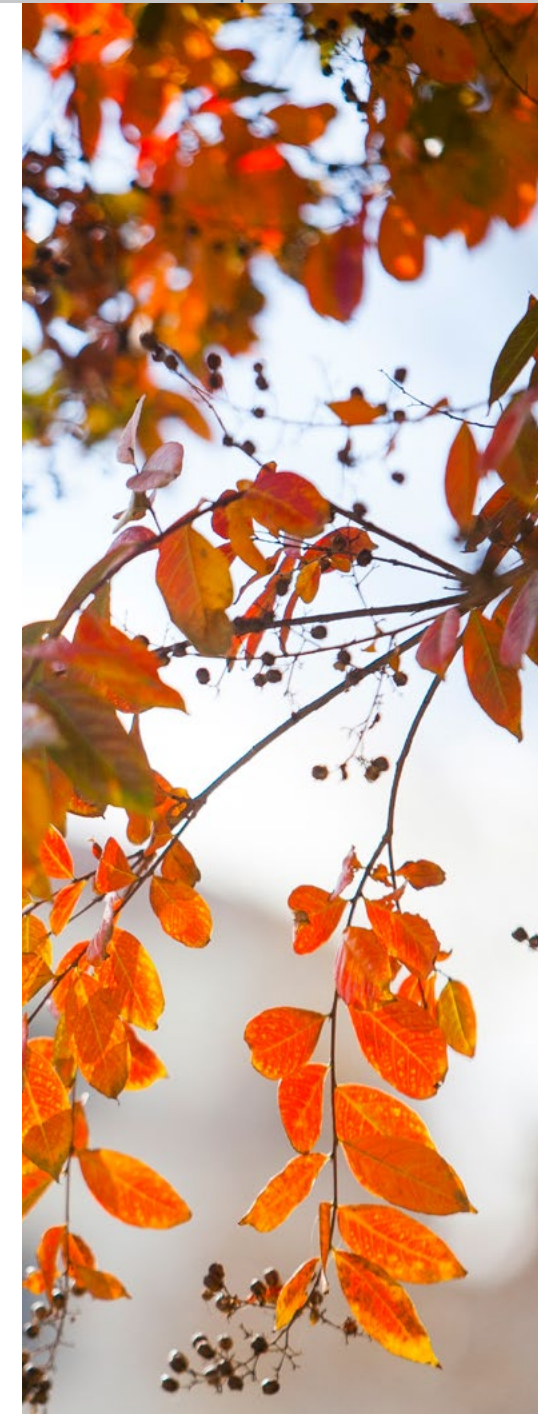
Plan Features	Cigna CDHP with HSA	
	In-Network	Out-of-Network
<b>HSA Contribution from USD</b>	\$500/individual; \$1,000/family	
<b>Calendar Year Deductible</b>	\$1,400/person \$2,800/family <sup>1</sup>	\$2,800/person \$5,600/family <sup>1</sup>
<b>Out-of-Pocket Maximum</b>	\$2,700/person \$2,800/individual in a family \$5,000/family <sup>1</sup>	\$5,400/person \$5,600/individual in a family \$10,000/family <sup>1</sup>
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Care</b>	No charge	Not covered
<b>Office Visit</b>	20% after deductible	40% after deductible
<b>Telemedicine Visit</b>	20% after deductible	Not covered
<b>Specialist Office Visit</b>	20% after deductible	40% after deductible
<b>Diagnostic Lab &amp; X Ray</b>	20% after deductible	40% after deductible
<b>Complex Imaging (CT/PET Scans, MRI)</b>	20% after deductible	40% after deductible
<b>Physical, Occupational, and Speech Therapy and Chiropractic Care (Up to 60 visits combined)<sup>2</sup></b>	20% after deductible	40% after deductible
<b>Inpatient Hospital</b>	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible	20% after deductible
<b>Urgent Care</b>	20% after deductible	20% after deductible
<b>Inpatient Mental Health</b>	20% after deductible	40% after deductible
<b>Outpatient Mental Health</b>	20% after deductible	40% after deductible

<sup>1</sup>All family members contribute toward the family plan deductible. The plan cannot pay an individual's claims until the total family deductible has been met, even if he or she has met the individual deductible.

<sup>2</sup>No more than 20 visits can be for chiropractic care.

## Do I need Precertification?

Some services including inpatient hospital, inpatient mental health, and complex imaging, will have an additional cost without precertification. See your plan documents for details.



# Understanding the HSA

Cigna CDHP members may be eligible to participate in a Health Savings Account (HSA) administered by HSA Bank. HSAs are tax-advantaged accounts you can use to pay for eligible health care expenses for you and any eligible dependents — including deductibles, prescriptions, dental care, eyeglasses, and other out-of-pocket costs. To see a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Four reasons to take advantage of the CDHP with HSA:

1. The HSA is yours. If you leave USD, your account goes with you.
2. HSA funds never expire, and accrued funds can be taken with you into retirement. Once you reach age 65, you can use HSA funds to pay for non-health care expenses, too! You typically pay ordinary income tax on any non-health care purchases.
3. HSAs have a triple tax advantage, meaning your salary dollars go further.
4. **USD contributes money into your HSA annually.**

## How are contributions made to an HSA?

Once you open your HSA, contributions come from two sources — you and USD. The table below shows the maximum that can be contributed to your HSA in 2021.

Coverage Type	2021 IRS Contribution Limit	2021 USD HSA Contribution	Maximum Employee Contribution
Individual Coverage	\$3,600	\$500	\$3,100
Family Coverage	\$7,200	\$1,000	\$6,200
Age 55+ Catch-up Contribution	Additional \$1,000		

## Additional HSA Rules and Considerations

- You cannot be covered under another non-high deductible health care plan, including your spouse’s Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else’s tax return.
- If you are electing the CDHP/HSA plan for the first time and you have a balance in a Health Care FSA on December 31, 2020, it must be rolled over to a Limited Purpose Flexible Spending Account (FSA) by January 1, 2021.

Questions? Refer to [IRS Publication 969](#) for complete HSA rules.

## Are HSAs Really Tax-free?

Yes! HSAs give you a triple tax advantage:

1. Your contributions to the HSA are not taxed.
2. Payments for eligible expenses are tax-free.
3. Earnings are tax-free.<sup>1</sup>

<sup>1</sup>State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.



# Prescription Drug Coverage

When you enroll in one of USD’s medical plan options, you’ll receive prescription drug coverage based on that plan.

Prescription Type	Cigna HMO (CA Employees Only)	Kaiser Permanente HMO (CA Employees only)	SIMNSA HMO	Cigna CDHP with HSA <sup>1</sup>
<b>Prescription Drugs: Retail (in-network)</b> Up to a 30-day supply				
<b>Generic</b>	\$15 copay	\$15 copay	\$10 copay (includes insulin, glucagon, and prescription medications for treating diabetes)	30% after deductible; up to \$250 max
<b>Brand Formulary</b>	\$35 copay	\$35 copay		40% after deductible; up to \$250 max
<b>Non-Formulary<sup>2</sup></b>	\$60 copay	N/A		50% after deductible, up to \$250 max
<b>Specialty</b>	20% up to \$80 max	30% up to \$150 max		50% after deductible, up to \$250 max
<b>Prescription Drugs: Mail Order (in-network)</b> Up to a 90-day supply (Kaiser 100-day mail order supply)				
<b>Generic</b>	\$30 copay	\$30 copay	N/A	30% after deductible, up to \$750 max
<b>Brand Formulary</b>	\$70 copay	\$70 copay		40% after deductible, up to \$750 max
<b>Non-Formulary</b>	\$120 copay	N/A		50% after deductible, up to \$750 max

<sup>1</sup>Some prescription medications used to prevent any of the following medical conditions are not subject to the individual and/or family plan deductible: hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.

<sup>2</sup>If the non-formulary prescription is determined medically necessary by the provider and approved by Kaiser, the member will be charged the appropriate brand formulary copay.



## Health Benefits



### **Save Money with Generics and Mail Order Prescriptions**

**When possible, save money by going generic.** Many prescription drugs have generic counterparts with the same active ingredients. These generic versions cost less out-of-pocket.

**If you need more than a single fill, consider a mail order option.** Mail order prescriptions offer you a 3-month supply for the cost of 2 months, which saves you money.

### **Kaiser Can Send Refills Right To Your Door**

Kaiser members can go to [www.kp.org/pharmacy](http://www.kp.org/pharmacy) or call the number on your prescription label to have prescriptions shipped at no extra charge!

### **New! Cigna 90 Now Program**

In addition to mail order, Cigna members can now get a 90-day supply of maintenance medications at participating pharmacies!

- Go to [Cigna.com/Rx90network](http://Cigna.com/Rx90network) to find a pharmacy in the 90 Now network.
- Ask your doctor to write a 90-day prescription.
- Pay your 3 copays for the 3 months of medication.
- Save time and hassle with fewer visits to the pharmacy for refills!



## Telemedicine

All medical plan options include access to telemedicine. Use your phone, tablet, or computer to seek care from licensed physicians and treat a number of non-urgent conditions from the comfort of your home.

Use telemedicine to:

- Treat common medical conditions such as colds, flu, bronchitis, allergies, rashes, and more
- Get a specialist referral
- Receive prescription medication when appropriate

Your telemedicine options are based on the medical plan you choose .

### **Kaiser HMO Members**

Register at [www.kp.org](http://www.kp.org) or download the KP Mobile app. Call 833-574-2273 or 711 (TTY) Monday through Friday, 7am to 7pm, or Saturday, 7am to 12pm, to schedule an appointment.

### **Cigna HMO and CDHP Members**

Cigna members have access to both Amwell and MDLIVE for virtual care.

- To utilize MDLIVE which provides both medical and behavioral/mental health care, call 888-726-3171.
- To utilize Amwell which offers medical virtual care only, visit [www.mycigna.com](http://www.mycigna.com).

### **SIMNSA Members**

Llame al 664-231-4747 (o al 800-424-4652 desde los Estados Unidos) 24/7.

# Omada Diabetes Prevention Program

Omada is a digital lifestyle change program for both Cigna and Kaiser participants, designed to help at-risk individuals combat obesity-related chronic disease.

Participants in Omada learn how to make modest health changes that can lead to weight loss and reduced risk for type 2 diabetes and heart disease. USD will cover the cost of the program for eligible employees and their eligible adult dependents who are enrolled in either the Cigna or Kaiser medical plans.

The Omada program includes:

- A professional Omada health coach for one-on-one guidance.
- A wireless scale to monitor progress. Participants will receive this ready-to-use device in the mail, already synced to their private account.
- Weekly online lessons to educate and inspire. Participants are guided through online lessons that discuss the physical, social, and psychological components of healthy living. Interactive games reinforce learning and help participants make connections to real-world scenarios.
- A small peer group for real-time support. Participants are matched with like-minded participants for added encouragement and accountability.

## Getting started with Omada

- Kaiser members may contact the Positive Choice Center at 858-573-0090.
- Cigna members can take Omada's one-minute health screener at [go.omadahealth.com/sandiego](https://go.omadahealth.com/sandiego) to determine eligibility.



# Mental and Behavioral Health Programs

Depending on your medical plan provider, you may have access to additional mental and behavioral health resources to support your well-being.

## Cigna HMO and CDHP

**MDLIVE** provides medical and behavioral/mental health virtual care. Call 888-726-3171 to get started.

**Meru Health** (CA, CO, and AZ only) is a 12-week virtual counseling program for those experiencing depression, anxiety, or burnout. Participants receive live virtual counseling and private texting with licensed therapists, as well as an online peer support community, and other educational resources for ages 18 and older. To schedule your free screening session, go to [www.meruhealth.com/cigna](http://www.meruhealth.com/cigna).

**Talkspace** allows you to connect with a licensed therapist or psychiatrist online, by video, or text. Talkspace is available to members age 13 and older. To schedule an assessment, go to [www.talkspace.com/cigna](http://www.talkspace.com/cigna).

**NOCD** (CA, MI, and NC only) offers personalized treatment for obsessive compulsive disorder (OCD) through virtual live therapy and app-based digital tools, including texting with a therapist. Available to Cigna Behavioral Health customers ages 6 and up. For a free assessment, go to [www.treatmyocd.com](http://www.treatmyocd.com).

## Kaiser Permanente HMO

**Calm** is a no-cost app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve your sleep quality. Adult members can get Calm at [www.kp.org/selfcareapps](http://www.kp.org/selfcareapps).

**Kaiser Mental and Behavioral Health** is just a phone call or click away.

- For 24/7 mental health advice, call 800-900-3277.
- For appointments, call 877-496-0450.
- For addiction medicine, call 619-221-6550.

Visit [kp.org/getcare](http://kp.org/getcare) and click on mental health care to learn more about your treatment options and locations.

**Find self-care tools and resources.** Visit [www.kp.org/selfcare](http://www.kp.org/selfcare) to browse groups, programs, self-assessments, and other self-care resources.

**MyStrength** is a personalized program with interactive activities, in-the-moment coping tools, inspirational resources, and community support. You can track your goals, emotional states, and life events at [www.kp.org/selfcareapps](http://www.kp.org/selfcareapps).





# Cigna Value Added Programs

For those who enroll in the Cigna HMO or CDHP, Cigna offers a number of helpful resources at no cost to you.

## Cigna One Guide

Cigna One Guide helps you make better health-related choices. This live service offers you personal support, tools, and reminders to help you stay healthy and save money. During Open Enrollment, call 800-244-6224 for help with questions on your coverage options. After you enroll, One Guide will continue to help you understand your plan and get the care you need.

## Cigna Healthy Pregnancies, Healthy Babies

The Healthy Pregnancies, Healthy Babies program supports expectant mothers on their unique journey towards childbirth and beyond. You'll find guidance and support from preconception to post-delivery, a workbook with topics like prenatal care and exercise, 24/7 live support from a case manager, and more. You can also download the Cigna Healthy Pregnancy app for quick access to these resources.

## Healthy Babies Free Breast Pump

Your Cigna medical plan includes a free breast pump for expectant mothers who reach the 28th week of pregnancy. To receive your breast pump, visit [www.medeladelivers.com](http://www.medeladelivers.com) to get started. No prescription is needed unless you are ordering a hospital grade pump. You also have the option to purchase upgrades and accessories at discounted rates.

## Cigna Veteran Support Line

This free hotline is available 24 hours a day, 7 days a week to veterans, their families, and caregivers for support on pain management, substance use counseling, financial support, food, clothing, housing, and more. Call 855-244-6211 for support. You do not need to be enrolled in a Cigna medical plan to use the Veteran Support Line.

## Cigna Lifestyle Management Programs

If weight, tobacco, or stress is affecting your well-being, Cigna offers you a health coach to help you manage weight loss, develop a plan to quit tobacco, understand stress, and develop coping techniques. To learn more about these programs, call 855-246-1873 or visit [www.mycigna.com](http://www.mycigna.com), access Wellness, and then click on Health Coaching.



## Employee Assistance Program (EAP)

When you or your family need help with work, home, or personal issues, the EAP, through Aetna Resources for Living, offers support during life's difficult times at no cost to you.

The EAP provides you and anyone living in your household access to:

- 3 face-to-face counseling sessions per incident, per year.  
Sessions are available in person or online with televideo
- Unlimited telephone counseling
- Dependent care referrals
- Financial and legal resources
- And more

Contact the EAP anytime, day or night, for confidential support by calling 800-342-8111 or visit [www.resourcesforliving.com](http://www.resourcesforliving.com) (Username: usd; Password: eap).

## Health Advocate – Your Partner in Health Care

Health Advocate is designed to provide support when you need it most. Reach out to a Personal Health Advocate (PHA) who can help you find solutions to your health care or insurance-related issues and assist you with making informed decisions about care and services. This University-paid benefit is available to you, your spouse or domestic partner, your dependent children, your parents, and your parents-in-law (even if they are not covered under your USD benefits).

Health Advocate can help you:

- Locate health care providers
- Schedule appointments and tests
- Resolve claims and billing issues
- Explain complex medical conditions and treatments or secure a second opinion
- Answer Medicare questions
- Access community resources (such as senior care services) that fall outside of traditional health care coverage

To access Health Advocate services, call 866-695-8622 or email [answers@healthadvocate.com](mailto:answers@healthadvocate.com).



### Health Advocate

To learn more about Health Advocate [click here](#).

# Understanding Your Dental Plan Options

USD offers four dental plan options that are designed to provide quality care for you and your family:

- Cigna High Dental PPO
- Cigna Low Dental PPO
- Cigna Dental HMO
- SIMNSA Dental HMO (services in Mexico; must be a Mexican National to enroll)

Before you choose your dental plan, it's important to understand the differences between Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).

What is unique about a Dental HMO?	What is unique about a Dental PPO?
<ul style="list-style-type: none"><li>▪ No annual deductible</li><li>▪ Most services are copay-based (you pay a flat fee for services)</li><li>▪ You must select a primary care dentist (PCD), who coordinates all of your care</li><li>▪ No out-of-network coverage</li><li>▪ Referrals needed for specialist care</li></ul>	<ul style="list-style-type: none"><li>▪ Annual deductible required for non-preventive care</li><li>▪ Services are coinsurance-based (you pay a percentage of the cost)</li><li>▪ Primary care dentist recommended but not required</li><li>▪ Includes out-of-network coverage (although it often costs more than visiting in-network providers)</li><li>▪ Referrals often not needed for specialist care</li></ul>

## Understanding the Difference between MAC and UCR

If you enroll in either the Cigna High Dental PPO or Cigna Low Dental PPO and utilize out-of-network care, your out-of-pocket cost for services will be based on the Maximum Allowable Charge (MAC) for the Low plan, or Usual, Customary, and Reasonable (UCR) for the High plan.

Both UCR and MAC refer to the maximum your dental plan will pay for out-of-network services. When receiving out-of-network care, you are responsible for your share of the cost (coinsurance) up to MAC/UCR, and are 100% responsible for any charge that exceeds MAC/UCR. You'll typically save the most by staying in-network.



# Dental Coverage

Good dental care improves your overall health. Our dental plans help you maintain a healthy smile through regular preventive care and offer coverage to fix problems as soon as they occur. When choosing a plan, consider your anticipated dental needs, as well as the network, deductibles, copays, and services each plan covers.

Plan Features	CIGNA High Dental PPO		CIGNA Low Dental PPO		CIGNA Dental HMO <sup>3</sup>	SIMNSA Dental HMO <sup>4</sup>
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	In-Network
	You pay:		You pay:		You pay:	You pay:
<b>Calendar Year Deductible</b> (waived for Preventive Services)	\$50/individual \$100/family	\$75/individual \$150/family	\$50/individual \$100/family	\$75/individual \$150/family	None	None
<b>Calendar Year Benefit Maximum</b>	\$2,000/individual	\$1,500/individual	\$1,000/individual	\$1,000/individual	None	None
<b>Diagnostic &amp; Preventive Services</b> (e.g., x-rays, cleanings, exams)	Plan pays 100%	Plan pays 80% of UCR after deductible <sup>1</sup>	Plan pays 100%	Plan pays 80% of MAC after deductible <sup>2</sup>	Plan pays 100%	Plan pays 100%
<b>Basic &amp; Restorative Services</b> (e.g., fillings, extractions, root canals)	Plan pays 80% after deductible	Plan pays 70% of UCR after deductible <sup>1</sup>	Plan pays 80% after deductible	Plan pays 70% of MAC after deductible <sup>2</sup>	See copay schedule	See copay schedule
<b>Major Services</b> (e.g., dentures, crowns, bridges)	Plan pays 50% after deductible	Plan pays 50% of UCR after deductible <sup>1</sup>	Plan pays 50% after deductible	Plan pays 50% of MAC after deductible <sup>2</sup>	See copay schedule	See copay schedule
<b>Orthodontia</b> (adults and children)	Plan pays 50% (up to \$1,000 lifetime maximum)		Not covered		Child: \$1,224 Adult: \$1,728	\$1,200 (full-banded)

<sup>1</sup>You are responsible for amounts over the usual, customary, and reasonable (UCR) charges.

<sup>2</sup>The maximum allowable charge (MAC) is the out-of-network payment that is calculated by the insurance company based on the coinsurance coverage and the contracted fees that would be paid to a network dentist in that same area.

<sup>3</sup>Available only to employees living in California and Arizona.

<sup>4</sup>Services available in Mexico only. You must be a Mexican National in order to enroll in this plan, which means 1. A person born in Mexico; 2. A person born in another country with a Mexican mother, father, or both; 3. A person who marries someone from Mexico and lives in Mexico; or 4. A foreigner who becomes naturalized in Mexico. Contact the Benefits team for more details.

# Vision Coverage

USD's vision plan offers an extensive network of optometrists and vision care specialists. Although you can see any provider, you'll save money by visiting in-network providers who participate in the VSP Signature Network. When you visit an out-of-network provider, not only will your costs usually be higher, but you will have to pay for any expenses in full at the time of service and submit a claim for reimbursement up to the out-of-network plan allowances.

## VSP TruHearing Benefit

Save up to 60% on hearing aids for yourself and your eligible family members. Call 877-396-7194 for more details and make sure you mention VSP. Visit the Employee Resources section of the MySanDiego portal to learn more.

## VSP Network

The VSP network includes popular retail chain providers such as Walmart, Sam's Club, and Costco, giving you the highest flexibility when seeking affordable and convenient vision care. To see a list of in-network providers including retail chains, visit [www.vsp.com](http://www.vsp.com).

Plan Features	VSP Vision Plan	
	In-Network	Out-of-Network
<b>Copay</b>	\$10 (one copay for exam and materials)	N/A
<b>Exam</b> every 12 months	Covered in full after copay	\$50 allowance
<b>Frames</b> every 24 months	\$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart/Sam's Club/Costco frames allowance	Plan pays up to \$70 allowance <sup>1</sup>
<b>Lenses</b> every 12 months Single Vision Bifocal Trifocal Lenticular	Covered in full after copay	Plan pays up to \$50 allowance <sup>1</sup> Plan pays up to \$75 allowance <sup>1</sup> Plan pays up to \$100 allowance <sup>1</sup> Plan pays up to \$125 allowance <sup>1</sup>
<b>Contact Lenses</b> every 12 months Medically Necessary Elective <sup>2</sup> (In lieu of lenses and frames)	Covered in full after copay Plan pays up to \$175 allowance	Plan pays up to \$210 allowance Play pays up to \$105 allowance
<b>Laser Vision Correction</b>	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not covered

<sup>1</sup>Subject to copayment, if any.

<sup>2</sup>A 15% discount applies for member doctors' usual and customary professional fees for contact lens evaluation and fitting.



Where's My VSP ID Card?

You will not receive a vision ID card. Your member ID is your nine-digit Banner ID, located on your Torero card. Your ID number includes all nine digits, including any leading zeros.

# How to Find a Provider

## Cigna Doctor or Dentist

- Go to [www.mycignaplans.com](http://www.mycignaplans.com).
- Don't have an account yet? During Open Enrollment only, enter username: USD2021 and password: Cigna2021 to browse in-network providers. Outside of Open Enrollment, please register for an account at [www.mycigna.com](http://www.mycigna.com) to search for in-network providers.
- Select "Find a doctor, hospital, dentist, pharmacy, or specialty facility."
- Click "Select a plan for your search."
- Medical CDHP: Select "Open Access Plus, OA Plus, and Choice Fund OA Plus."
- Medical HMO: Select "HMO/ Network - Cigna HealthCare of California, Inc. - So. CA HMO/Network."
- Dental PPO: Select a Total network provider "Cigna Dental PPO" and "Total Cigna DPPO."
- Dental HMO: Select "Cigna Dental Care (HMO)" and "Dental Care Network."
- Follow the prompts to identify the service provider.

## Kaiser Doctor

- Go to [www.kp.org](http://www.kp.org).
- Select "Doctors & Locations."
- Select the "California - Southern" service area.
- Follow the prompts to identify the service provider.

## SIMNSA Doctor or Dentist

- Go to [www.simnsa.com](http://www.simnsa.com).
- Click on "Read More" under "Providers & Facilities."
- Under "Provider Search," select "All" for the network.
- Follow the prompts to identify the service provider.

## VSP Vision Provider

- Go to [www.vsp.com](http://www.vsp.com).
- Select "Find a Doctor."
- You can search for a provider by Location/Services, Office, or Name.



Kaiser SBCs, Tools  
& Resources

Visit [my.kp.org/usd](http://my.kp.org/usd), click on "View Your Plan Options," select your region, and click on "Active Employees" for access to SBCs and other resources.

# Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs), administered by Discovery Benefits, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses.

## FSA Options

**Health Care FSA (IRS Maximum \$2,750/year):** Allows you to pay for certain out-of-pocket medical, dental, and vision expenses such as deductibles, coinsurance, copays, prescriptions, dental care, eyeglasses, contact lenses, and other medical supplies. Your entire annual election is immediately available for use. At the end of the year, up to \$550 in unused funds can be carried over to the next plan year.

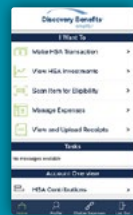
Please note: **CDHP with HSA participants are not eligible to enroll in the Health Care FSA.**

**Limited Purpose FSA (IRS Maximum \$2,750/year):** CDHP with HSA participants are eligible to participate in the Limited Health Care FSA to set aside pre-tax dollars for eligible dental and vision expenses only. Your entire annual election is immediately available for use. At the end of the year, up to \$550 in unused funds can be carried over to the next plan year.

**Dependent Care FSA (IRS Maximum \$5,000/year; or \$2,500/year if married and filing taxes separately):** Allows you to pay for services such as day care, babysitters, most day camps, and caregivers for disabled dependents, so that you and/or your spouse can work or attend school full-time. Unlike the Health Care and Limited Purpose FSAs, you can be reimbursed only up to the amount available in your account based on your payroll contributions.

## How do FSAs work?

- You decide how much you want to contribute from each paycheck during the plan year.
- Your contributions are pre-tax, saving you money.
- Use your FSA debit card to pay for eligible expenses at the point of service (Health Care FSA and Limited Purpose FSA only) or submit eligible claims for reimbursement (all FSAs).



Get the  
Discovery  
Benefits  
Mobile App

Whether you need to check your balance, order a new card, or view recent transactions, the Discovery Benefits app is your one-stop-shop to track your FSA activity. There's even an eligible expense scanner to help you make sure you're taking full advantage of your accounts.

You can download the Discovery Benefits mobile app for free.

# FSA's Continued

## Rules to Keep in Mind

**FSA's offer significant tax advantages but are subject to IRS regulations:**

- If you have a balance in your Health Care FSA as of December 31, 2020, and you want to enroll in the CDHP for the first time, the rollover amount must be moved to a Limited Purpose FSA, effective January 1, 2021. If this does not occur, you cannot contribute to the HSA at any time during the 2021 calendar year.
- The IRS has a strict "Use-It or Lose-It" rule for FSA's. If you do not use the full amount in your FSA(s) by the end of the plan year, you will lose any remaining funds. Any money left in your Dependent Care FSA after the claims filing deadline of March 31, 2022 will be forfeited.
- Exception: You will automatically roll over up to \$550 of unused funds from your Health Care or Limited Purpose FSA to the next plan year after March 31, 2022.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualifying life event.
- Each account functions separately. For example, you cannot transfer funds from your Health Care FSA to your Dependent Care FSA.
- Your FSA is active as long as you remain an active participant in the plan. If your employment or eligibility for the plan ends, you will forfeit your remaining FSA funds.

## Determine Your FSA Contribution

Remember: FSA's are "use-it or lose-it!"  
If you're planning to enroll, make sure you estimate your out-of-pocket expenses for the year. The Discovery Benefits expenses calculator can help you decide how much to contribute to your FSA.

FSA Calculator:

[www.discoverybenefits.com/employees/savings-calculators/fsa-calculator](http://www.discoverybenefits.com/employees/savings-calculators/fsa-calculator)



OTC medications are now FSA and HSA eligible without a prescription!

You can purchase many over-the-counter medications using FSA and HSA funds.





## Commuter Benefit Program

The commuter benefit program, through Discovery Benefits, allows employees who commute to and from work to set aside pre-tax funds to pay for their work-related transit and parking expenses. Eligible expenses for the commuter benefit program include transit passes, fare cards, ticket books, and vanpool expenses.

You may deduct pre-tax money from your paycheck to pay for commute-related expenses which can help reduce your taxable income. The maximum contribution is:

- Transit: \$270/month
- Parking: \$270/month

### The Discovery Benefits User Portal

After enrolling in the commuter benefit program, go to [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com), click the Login button and select HSA, FSA, HRA/Wellness & Commuter Login. On the homepage, you can see your balance, read quick updates on new features or tools in the site banners, or view any actions needed from you in the Tasks section.

### Fresh Air Parking Permit

The Fresh Air permit provides a solution for those who only drive to work occasionally. This free permit is valid for 16 days per semester. Contact the Parking Services Office to learn more.

**Note:** The commuter benefit excludes USD parking fees, which are already deducted pre-tax from your paycheck.



The Discovery Benefits  
Mobile App

The Benefits Mobile App allows you to access your Commuter Benefit account details anytime, anywhere. Download it for free at the Apple App store or Google Play.



# Life and AD&D Insurance

## Basic Life and AD&D Insurance

USD automatically provides eligible employees with Basic Life and AD&D insurance equal to 2 times your eligible annual earnings, up to a maximum of \$1,250,000, to help protect you and your family in the event of a loss.

**Important note:** Coverage exceeding \$50,000 is considered “imputed income.” This means the premium for any Basic Life Insurance amount over \$50,000 must be included as taxable income on your paychecks and will be subject to Social Security and Medicare taxes. You may choose to limit your Basic Life Insurance Election to \$50,000 to avoid this modest taxation. Contact the Benefits team for more details.

## Voluntary Life and AD&D Insurance

In addition to the USD-paid Basic Life and AD&D, you may purchase Voluntary Life and AD&D coverage at group rates for yourself, your spouse or domestic partner, and your eligible child(ren).

**Important note:** You, your spouse/domestic partner, or your children may only be insured once under the life insurance policy if you’re eligible under more than one class. For example, if you and your spouse both work for the University, you cannot be insured as an employee under your policy and as a spouse under your spouse’s policy.

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren)
<b>Coverage Options</b>	\$10,000 increments	\$5,000 increments	\$2,000 increments
<b>Life Maximum</b>	Up to 5x your salary or \$500,000 (whichever is less)	\$250,000 (cannot exceed 100% of employee coverage)	Under 6 months: \$250 Over 6 months: \$10,000
<b>AD&amp;D Maximum</b>	Up to \$500,000 (amounts greater than \$250,000 cannot exceed 5x your salary)	\$400,000 (cannot exceed 100% of employee coverage)	\$40,000
<b>Guaranteed Issue Amount (Life Insurance Only)*</b>	\$140,000	\$25,000	Under 6 months: \$250 Over 6 months: \$10,000
<b>Age Reduction Formula</b>	Coverage will decrease to 65% at age 70 and to 50% at age 75.		

\*Evidence of Insurability (EOI) will be required for coverage over the guaranteed issue amount.



### Business Travel and Accident (BTA) Insurance

If you travel for business, you can have peace of mind knowing USD offers Business Travel Accident insurance, through Ace, to eligible employees. Benefits include medical care in the event of an injury or illness while on business travel, death benefits, and emergency medical evaluation.

## Additional Benefits

### Monthly Voluntary Life and AD&D Insurance Premiums

Voluntary Life Premiums			
Rate per \$1,000 of coverage			
Age	Employee	Spouse	Child(ren)
<25	\$0.040	\$0.090	\$0.167
25-29	\$0.045	\$0.075	
30-34	\$0.057	\$0.082	
35-39	\$0.078	\$0.114	
40-44	\$0.108	\$0.163	
45-49	\$0.173	\$0.255	
50-54	\$0.265	\$0.397	
55-59	\$0.433	\$0.609	
60-64	\$0.691	\$1.040	
65-69	\$1.121	\$1.778	
70-74	\$2.188	\$3.167	
75 and over	\$4.431	\$6.343	

Voluntary AD&D Premiums		
Rate per \$1,000 of coverage		
Employee	Spouse	Child(ren)
\$0.015	\$0.021	\$0.024



#### What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect Voluntary Life Insurance coverage for you or your spouse/domestic partner above the Guaranteed Issue amount, or enroll or increase coverage after your initial eligibility period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by the carrier, and you will be notified if you are approved for the coverage.



## Additional Benefits

# Long-Term Disability Coverage

Long-Term Disability (LTD), through Cigna, pays a portion of your earnings if you cannot work for an extended period of time due to illness or injury. You will continue to receive benefits if you meet the definition of disability or reach your Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

Although you are automatically enrolled in LTD at no cost to you, LTD is a taxable benefit. This means you need to decide how you want the taxes applied when you enroll in coverage.

- **LTD Taxable:** You don't pay taxes on the premium that USD pays on your behalf, but you do pay taxes on the LTD benefit if you become disabled and are unable to work due to an illness or injury.
- **LTD Nontaxable:** You pay taxes on the premium that USD pays on your behalf, but your LTD benefits will not be taxed if you become disabled and are unable to work due to an illness or injury.

Long-Term Disability (LTD)			
Percent of Earnings	Monthly Maximum	Elimination Period	Maximum Duration
66 2/3%	\$12,000	90 days	Up to Social Security Normal Retirement Age <sup>1</sup>

<sup>1</sup>Applies in most cases. See your policy documents for any limitations.

## Additional Cigna Benefits

With the LTD plan, you also have access to additional services, through Cigna, at no added cost. Learn more at 800-754-3207.

- Will preparation services
- Identity theft protection
- My Secure Advantage™ money coaching
- Cigna Secure Travel® travel assistance



Workers'  
Compensation

If you suffer a work-related illness or injury, please notify your manager and contact USD's Public Safety Department at 619-260-7777 to report your injury and get the care you need.



# Voluntary Benefits

Voluntary benefits help protect you financially from unexpected health events. You are responsible for the cost of this benefit and may obtain coverage for yourself, your spouse/ domestic partner, and your eligible dependent child(ren).

## Accident Insurance

You can purchase Accident Insurance, through Cigna, to help pay for expenses related to unexpected accidents and injuries. The plan pays you a cash benefit to help with expenses like rehabilitation, transportation, and treatment for injuries resulting from an off-the-job accident. The plan also pays you a benefit for staying well! Complete one wellness visit, health screening test, or preventive service each year to earn a \$75 benefit. Each of your enrolled dependents can earn the benefit, too!

## Monthly Voluntary Accident Insurance Premiums

Coverage	Rates
Employee Only	\$16.33
Employee + Spouse	\$28.65
Employee + Child(ren)	\$30.10
Employee + Family	\$41.06

## Hospital Indemnity Insurance

An unexpected hospital stay can be expensive, even with medical insurance. You can purchase Hospital Indemnity Insurance, through Cigna, to help pay for expenses related to a qualified hospital stay for a covered injury or illness. Benefits are paid directly to you and the funds can be used as you see fit. The benefit you receive depends on the type of care you receive at the hospital and the length of your stay.

Coverage	Rates
Employee Only	\$15.25
Employee + Spouse	\$30.34
Employee + Child(ren)	\$24.91
Employee + Family	\$40.00

## The Value of Voluntary Benefits

- Coverage is affordable and offered to you at group rates.
- You own the policy and can take it with you if you leave USD.
- Premiums are conveniently deducted from your paycheck.
- You can insure yourself, your spouse/domestic partner, and your eligible child(ren).
- You don't have to answer any health questions to obtain coverage, but a pre-existing condition clause may apply. Review the plan documents for more details.



## Additional Benefits



### Critical Illness Insurance

Critical Illness Insurance, through Cigna, can help pay for expenses related to the diagnosis of a serious illness – including cancer, heart attack, or stroke. This valuable coverage can help alleviate your worry about bills and finances, so you can focus on healing and recovery. The plan also pays you a benefit for staying well! Complete one wellness visit, health screening test, or preventive service each year to earn a \$50 benefit for each enrolled family member. Covered adults are also able to receive a \$200 mammography benefit (cannot receive both the mammography and wellness benefit in the same year). You can elect coverage for yourself and your eligible family members in the following amounts:

Coverage	Coverage Amounts
Employee	\$10,000, \$20,000, or \$30,000
Spouse	100% of employee benefit amount
Child(ren)	100% of employee benefit amount

### Monthly Critical Illness Insurance Premiums

Age	Plan A: \$10,000			Plan B: \$20,000			Plan C: \$30,000		
	Employee Only	Employee + 1*	Employee + Family**	Employee Only	Employee + 1*	Employee + Family**	Employee Only	Employee + 1*	Employee + Family**
0-29	\$10.48	\$12.07	\$16.54	\$15.36	\$17.12	\$22.62	\$20.24	\$22.17	\$28.70
30-39	\$11.20	\$12.79	\$17.98	\$16.80	\$18.56	\$25.50	\$22.40	\$24.33	\$33.02
40-49	\$16.88	\$18.47	\$26.86	\$28.16	\$29.92	\$43.26	\$39.44	\$41.37	\$59.66
50-59	\$27.68	\$29.27	\$42.30	\$49.76	\$51.52	\$74.14	\$71.84	\$73.77	\$105.98
60+	\$41.52	\$43.06	\$63.32	\$77.44	\$79.10	\$116.18	\$113.36	\$115.14	\$169.04

Upon diagnosis of a covered illness, the lump-sum benefit is paid directly to you (unless otherwise assigned), regardless of other major medical coverage you may already have. You can use the funds to pay for medical bills, to continue making rent or mortgage payments, or however you see fit. Your cost for Critical Illness Insurance is based on your age and the level of coverage you purchase.

\*Employee +1 can be employee + spouse/domestic partner or employee + 1 dependent child.

\*\*Employee + family can be employee + family or employee + 2 or more dependent children.

## 403(b) Retirement Plan

Planning for retirement is an important part of financial wellness. The USD 403(b) plan, administered by TIAA or Fidelity, offers a variety of investment options so you can start saving now.

### 403(b) Contributions

To help your savings grow, USD may make a discretionary contribution to your elected vendor (TIAA or Fidelity) each year. Contributions begin on your effective date of eligibility. For additional information on the current contribution amount, contact the Benefits team.

You may also choose to make tax-deferred and/or Roth after-tax contributions to your 403(b) account, up to the annual IRS maximums.

After three years of service, you will be fully vested in USD's contributions. The contributions you make are immediately vested.

If you do not actively elect an investment provider, the default provider is TIAA. Employees may elect a provider online through the USD Retirement@Work site available on the MySanDiego portal Employee Resources tab. For both TIAA and Fidelity investment platforms, the T. Rowe Price target date fund is the Qualified Default Investment Alternative (QDIA) for participants who do not actively elect investment options for their retirement funds. However, employees may choose their own investment lineup within the plan at any time.

Looking for some guidance? Representatives from TIAA and Fidelity are available for one-on-one counseling appointments by teleconference or phone. To contact TIAA, visit [tiaa.org/schedulenow](https://tiaa.org/schedulenow) or call 800-732-8353. To contact Fidelity, visit [getguidance.fidelity.com](https://getguidance.fidelity.com) or call 800-642-7131.

### Phased Retirement Program

USD offers eligible faculty, administrative, and staff members an opportunity to participate in our voluntary phased retirement program. This program allows participants to continue working at a mutually agreed upon work and salary reduction schedule while gradually phasing into retirement over a period of years. During this time, you are still eligible for retirement and other applicable employee benefits. The policy may be reviewed and modified, without affecting already existing contracts, at any time by request of the President.



Get Started, Update,  
and Keep Track of  
Your 403(b)

Log in to USD **Retirement@Work** from the  
MySanDiego portal Employee Resources tab.

## Education Benefits

### Tuition Remission

The tuition remission program continues USD's tradition of encouraging and supporting the educational development of its employees, their spouses or registered domestic partners, dependent children, and the dependent children of registered domestic partners.

This benefit is only for tuition. You are eligible if you are a full-time employee in a regular, benefits-eligible, continuing position and you have completed one year of service. Employees may begin classes using tuition remission the first day of the fall or spring semester nearest their anniversary date. Eligible dependents may begin classes in the fall or spring semester nearest the employee's second anniversary date.

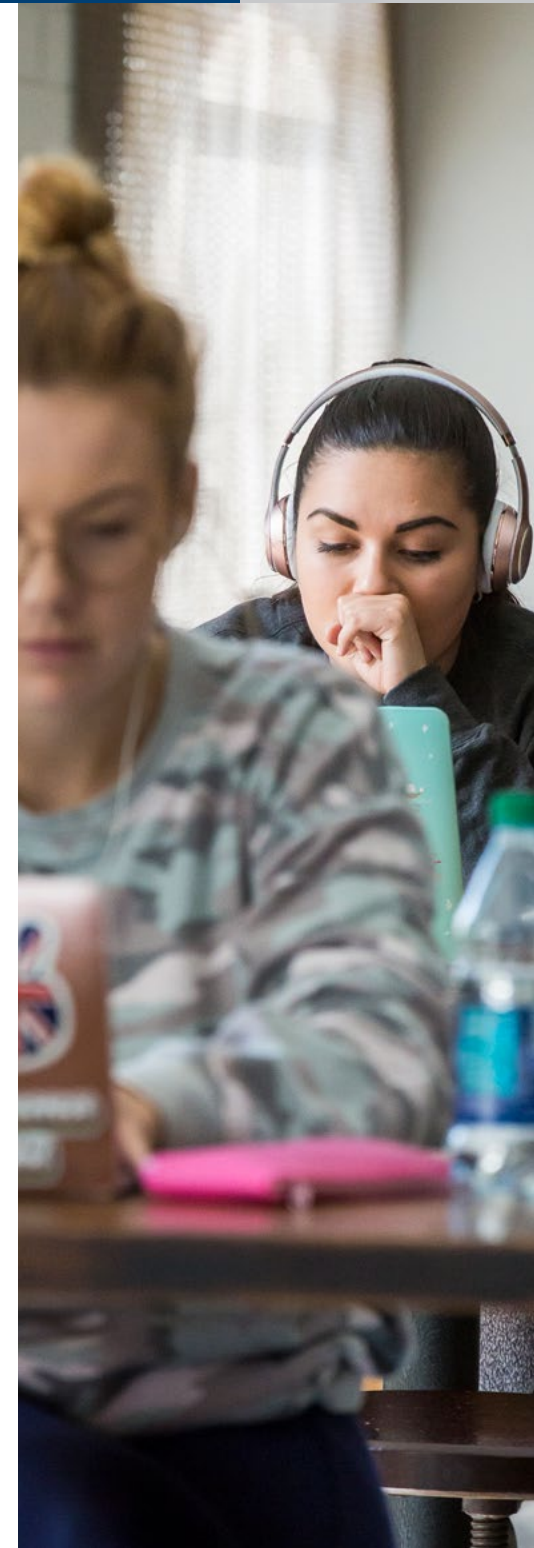
Note: Tuition remission is not a guaranteed benefit, and eligibility does not guarantee admittance to USD programs. For more information, please review the Tuition Remission Guide, available on the Employee Resources tab of the MySanDiego portal.

### Tuition Exchange

USD offers a tuition exchange scholarship program to a limited number of eligible children of faculty and staff employees. The program provides undergraduate scholarships to more than 700 participating institutions. You are eligible if you are a full-time employee in a regular, benefits-eligible, continuing position and you have completed two years of service. The student must be certified by USD based on the seniority of the employee and meet the admissions and scholarship requirements of the institution to which they are applying.

## Adoption Expense Reimbursement Benefit

Becoming a parent is one of the most important decisions in life. To help defray the costs associated with the adoption process, USD provides an adoption expense reimbursement benefit. You may apply for this benefit for the adoption of children under age 18 (or any age, if physically or mentally incapable of caring for themselves). Please refer to USD Policy 3.11.6 for eligibility and reimbursement guidelines. Contact your tax advisor for questions about the tax consequences of this benefit.





# Time Off Policies

## Holidays

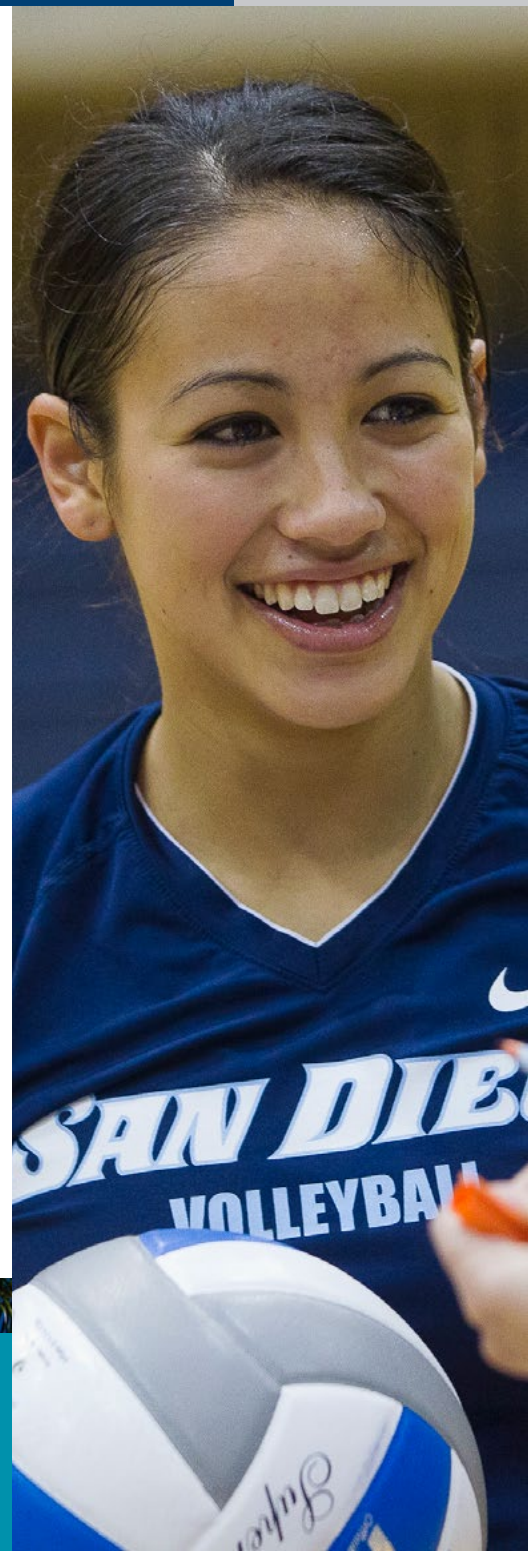
USD observes the following paid holidays each year:

- New Year's Day
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Christmas break/closure
- New Year's Eve

## Sick Pay

- **Staff:** Regular and temporary full-time staff employees in benefits-eligible positions accrue sick leave at the rate of one day per month beginning on the date of hire. Alternate sick leave benefits are available for staff employees who are not in regular and temporary full-time positions.
- **Administrators and Faculty:** On July 1 of each fiscal year (or your date of hire, if later), administrators and faculty receive five days (or the equivalent of 40 hours) of accrued paid sick leave. Unused sick leave carries forward from one fiscal year to the next to a maximum of 10 days.

Employees off work due to illness or injury for more than five workdays should contact the Department of Human Resources at [LOA@SanDiego.edu](mailto:LOA@SanDiego.edu) to request a medical leave of absence.



Need More  
Information?

Please see USD Policy 3.9.3 Sick Leave for details about these benefits. Employees may access the USD Policy Manual through the MySanDiego portal Employee Resources tab.

# Leave Policies

## Leaves of Absence

USD provides leave for employees in accordance with state and federal laws. Contact the Department of Human Resources at [LOA@SanDiego.edu](mailto:LOA@SanDiego.edu) if you are planning for a medical or family leave. If you are not eligible for FMLA (Family and Medical Leave Act) or CFRA (California Family Rights Act), contact Human Resources to see which options may be available to you.

## Faculty Sabbatical Leaves with Pay

Sabbatical leave with pay may normally be granted to faculty who have held a full-time faculty appointment for at least six full consecutive years at the University. Sabbatical leave may be given for one academic year (two semesters) at half pay, one semester at full pay, or for a summer term for a normal 6-unit teaching load. An individual School or College may adopt additional options. Pay received while on sabbatical leave, including the stipend, retirement benefits, and life insurance benefits, is based on the salary that would be earned if the faculty member were performing their regular duties during that time.

## Bereavement Leave

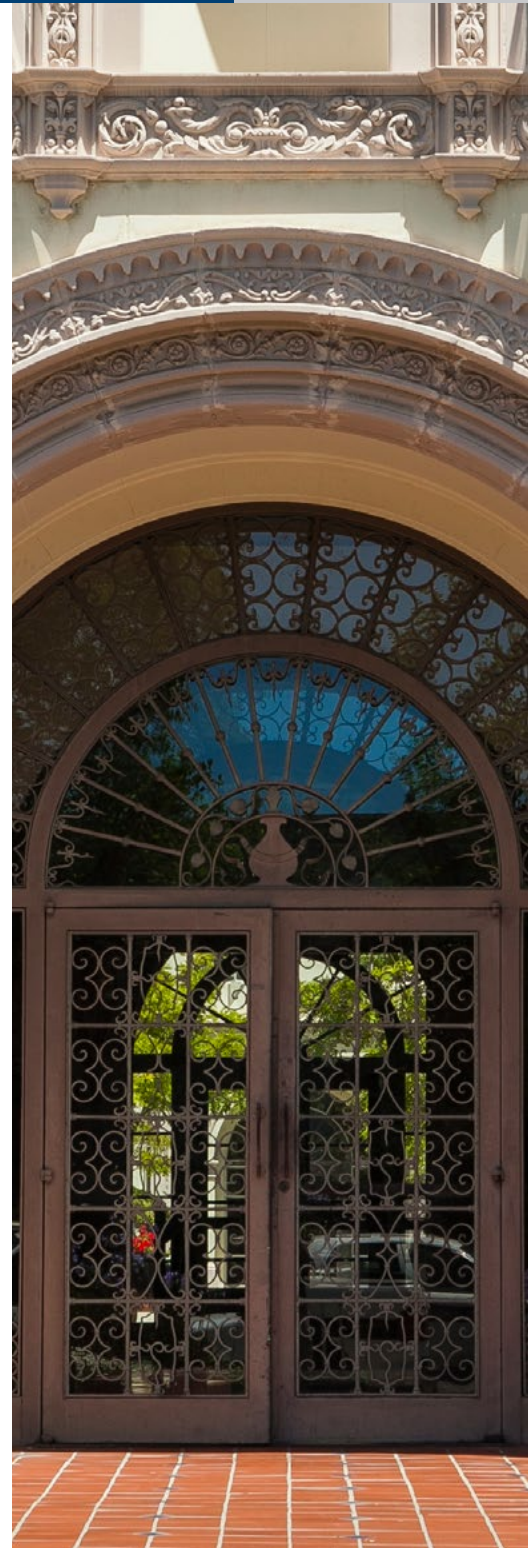
You are eligible for paid time off due to the death of an immediate family member (5 days) or close relative (2 days).

## Jury Duty Leave

You are eligible for up to 10 days of paid time off to serve jury duty.

## USD Death Benefit

USD provides a death benefit equal to two months' salary in the event of your death. This death benefit is in addition to life insurance benefits and is paid to your designated beneficiary on file. For benefits to be paid, you must have been on active paid status or paid leave of absence at the time of death.



# Important Notices

Please read the notice below carefully. It has information about prescription drug coverage with USD and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

## Notice of Creditable Coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by USD’s prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the USD plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop USD’s coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the USD’s plan, assuming you remain eligible.

You should know that if you waive or leave coverage with USD and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this USD coverage changes, or upon your request.

The purpose of this notice is to advise you that the prescription drug coverage under the USD medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare

prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

## For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

1. Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
2. Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
3. Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

For more information about this notice or your prescription drug coverage, contact: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

## Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in USD's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

USD will also allow a special enrollment opportunity if you or your eligible dependents either:

1. Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
2. Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the USD group health plan.

Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

**Note:** If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

### **Newborns' and Mothers' Health Protection Act Notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

### **Provider-Choice Rights Notice**

The Cigna and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna and Kaiser designates one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the Cigna or Kaiser plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, and for a list of the participating primary care providers and health care professionals who specialize in obstetrics or gynecology, contact member services: call Cigna at 800-244-6224 or Kaiser Permanente at 800-464-4000.

### **HIPAA Privacy Notice reminder**

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the USD Health Flexible Spending Account Program (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

#### **To obtain a copy of the Privacy Notice contact:**

**Claire Weatherford, Director, Benefits, Human Resources**

**University of San Diego, 5998 Alcalá Park, Maher Hall 101,  
San Diego, CA 92110**

**Phone: 619-260-2719**

# CHIP/MEDICAID NOTICE

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If

you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility:

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131

# USD Employee Programs



<p align="center"><b>CALIFORNIA – Medicaid</b></p>	<p align="center"><b>INDIANA – Medicaid</b></p>
<p align="center">Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>            Phone: 1-800-541-5555 or (916) 636-1980            Email: <a href="mailto:HIPP@dhcs.ca.gov">HIPP@dhcs.ca.gov</a></p>	<p align="center">Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>            Phone 1-800-403-0864</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>	<p align="center"><b>MONTANA – Medicaid</b></p>
<p align="center">Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563</p>	<p align="center">Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084</p>
<p align="center"><b>KANSAS – Medicaid</b></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p>
<p align="center">Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>            Phone: 1-800-792-4884</p>	<p align="center">Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>NEVADA – Medicaid</b></p>
<p align="center">Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center">Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p>
<p align="center">Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center"><b>MAINE – Medicaid</b></p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p>
<p align="center">Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>            Phone: 1-800-442-6003            TTY: Maine relay 711</p>	<p align="center">Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Medicaid Phone: 609-631-2392            CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p>	<p align="center"><b>NEW YORK – Medicaid</b></p>
<p align="center">Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>            Phone: 1-800-862-4840</p>	<p align="center">Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>

# USD Employee Programs

<p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>            [Under ELIGIBILITY tab, see “what if I have other health insurance?”]            Phone: 1-800-657-3739</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100            NC Medicaid Contact Center            Phone: 888-245-0179</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>            Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>            Phone: 1-888-365-3742</p>	<p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>            CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>            Phone: 1-877-543-7669            Email <a href="mailto:chip@utah.gov">chip@utah.gov</a></p>
<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>            Phone: 1-800-699-9075</p>	<p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>            Phone: 1-800-250-8427</p>
<p><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>            Phone: 1-800-692-7462</p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>            Medicaid Phone: 1-800-432-5924            CHIP Phone: 1-855-242-8282</p>
<p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>            Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>            Phone: 1-800-562-3022</p>
<p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>            Phone: 1-888-549-0820</p>	<p><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>            Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>            Phone: 1-888-828-0059</p>	<p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>            Phone: 1-800-362-3002</p>
<p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>            Phone: 1-800-440-0493</p>	<p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>            Phone: 307-777-7531</p>



## USD Employee Programs



To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

(866) 444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

(877) 267-2323, Menu Option 4, Ext. 61565

# Your Benefit Contacts

Coverage	Contact	Policy Number	Phone	Website	Mobile App
<b>General Information</b>	Department of Human Resources	N/A	619-260-4594	Employee tab of the MySanDiego portal	N/A
<b>Medical</b>	Kaiser	104229	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>	Kaiser Permanente™
	Cigna	3336240	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>	myCigna™
	SIMNSA	710250	800-424-4652	<a href="http://www.simnsa.com">www.simnsa.com</a>	N/A
<b>Telemedicine</b>	Kaiser	104229	833-574-2273	<a href="http://www.kp.org">www.kp.org</a>	Kaiser Permanente™
	MDLIVE (Cigna)	3336240	888-726-3171	N/A	MDLIVE for Cigna
	SIMNSA	710250	664-231-4747 800-424-4652 (US)	N/A	N/A
<b>Health Savings Account</b>	Cigna HSA Bank	N/A	800-244-6224 800-357-6246	<a href="http://www.mycigna.com">www.mycigna.com</a> <a href="http://www.hsabank.com">www.hsabank.com</a>	N/A
<b>Health Advocate Program</b>	Personal Health Advocate	USD	866-695-8622	<a href="mailto:answers@HealthAdvocate.com">answers@HealthAdvocate.com</a>	Health Advocate™
<b>Dental</b>	Cigna	3336240	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>	myCigna™
	SIMNSA	710250	800-424-4652	<a href="http://www.simnsa.com">www.simnsa.com</a>	N/A
<b>Vision</b>	VSP	12228779	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	VSP Vision Care on the Go™ (iPhone only)
<b>Flexible Spending Account &amp; Commuter Benefits</b>	Discovery Benefits	USD	866-451-3399	<a href="http://www.DiscoveryBenefits.com">www.DiscoveryBenefits.com</a>	Benefits by Discovery Benefits™
<b>Life, AD&amp;D and LTD</b>	Cigna	Life Ins. – FLX964920 LTD – LK963432 AD&D – OK966530	800-362-4462	<a href="http://www.cigna.com">www.cigna.com</a>	N/A
<b>Accident Insurance</b>	Cigna	AI960806	800-754-3207	<a href="http://www.mycigna.com">www.mycigna.com</a>	myCigna™
<b>Critical Illness Insurance</b>	Cigna	CI0961502	800-754-3207	<a href="http://www.mycigna.com">www.mycigna.com</a>	myCigna™
<b>Hospital Indemnity Insurance</b>	Cigna	HC960286	800-754-3207	<a href="http://www.mycigna.com">www.mycigna.com</a>	myCigna™
<b>Employee Assistance Program</b>	Aetna Resources for Living	USD	800-342-8111	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> (Login: USD; Password: eap)	Aetna Resources for Living
<b>403(b) Plan</b>	TIAA	USD	800-842-2776	<a href="http://www.tiaa.org/usd">www.tiaa.org/usd</a>	TIAA
	Fidelity	69679	800-343-0860	<a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a>	Fidelity Investments™
	USD Retirement@Work	N/A	844-567-9090	Employee Resources tab of the MySanDiego portal	N/A
<b>Workers' Compensation</b>	Report all injuries to USD's Public Safety Department	N/A	Public Safety Extension: 7777	<a href="http://www.sandiego.edu/safety">www.sandiego.edu/safety</a>	N/A

This communication highlights some of your USD benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. USD reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.